

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Filing Date:: March 30, 2004

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title Line One:: SYSTEM AND METHOD FOR RATING  
ELECTRONIC DOCUMENTS

Title Line Two::

Attorney Docket Number:: 64557.000020

Request for Early Publication?::

Request for Non-Publication?:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?::

Petition Included?::

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?::

**Applicant Information**

Applicant One Authority Type:: Inventor

Primary Citizenship::

Country:: US

Status:: Full Capacity

Applicant One Given Name:: Sumit

Middle Name::

Family Name:: AGARWAL

Name Suffix::

City of Residence:: San Carlos

State or Province of Residence:: CA

Country of Residence:: USA

Street of Mailing Address Line One:: 399 Ashford Avenue

Street of Mailing Address Line Two::

City of Mailing Address:: San Carlos,

State or Province of Mailing Address:: CA

Country of Mailing Address:: USA

Postal or Zip Code:: 94070

Applicant Two Authority Type:: Inventor

Primary Citizenship::

Country:: India

Status:: Full Capacity

Applicant Two Given Name:: Gokul

Middle Name::

Family Name:: RAJARAM

Name Suffix::

City of Residence:: Mountain View

State or Province of Residence:: CA  
Country of Residence:: USA  
Street of Mailing Address Line One:: 234 Escuela Ave.,  
Street of Mailing Address Line Two:: Apt. 7  
City of Mailing Address:: Mountain View  
State or Province of Mailing Address:: CA  
Country of Mailing Address : USA  
Postal or Zip Code:: 94040

Applicant Three Authority Type:: Inventor  
Primary Citizenship::  
Country:: Israeli and British  
Status:: Full Capacity

Applicant Three Given Name:: Leora  
Middle Name:: Ruth  
Family Name:: WISEMAN  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: USA  
Street of Mailing Address Line One:: 647 Gail Avenue #G21  
Street of Mailing Address Line Two::  
City of Mailing Address:: Sunnyvale  
State or Province of Mailing Address:: CA  
Country of Mailing Address : USA  
Postal or Zip Code:: 94086

**Correspondence Information**

Correspondence Customer No.: 21967  
Name: HUNTON & WILLIAMS LLP  
Street of Mailing Address Line One: 1900 K Street, N.W.  
Street of Mailing Address Line Two: Suite 1200  
City of Mailing Address: Washington  
State or Province of Mailing Address: DC  
Country of Mailing Address: USA  
Postal or Zip Code: 20006-1109  
Telephone Number: (202) 955-1500  
Facsimile Number: (202) 778-2201  
E-Mail Address: bburoker@hunton.com

**Representative Information**

Representative Customer Number: 21967

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country:	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:  
Street of Mailing Address Line One:  
Street of Mailing Address Line Two:

**City of Mailing Address::**

**State or Province of Mailing Address::**

**Country of Mailing Address::**

**Postal or Zip Code::**